FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001898

1. Corporation Name

AZTEC CAPITAL CORPORATION

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90085 045 ***150.00

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Principal Place	of Business	Mailing Address				E IMMITMAL ITAL FATIL	Aldış batıl dör	III MANITI MANITI M	 	OLDE IDIL 1681
% WILLIAM J BROWN ESO % WILLIAM J BROWN ESO						•				
777 BRICKELL AVE 777 BRICKELL AVE						DO NOT WRITE IN THIS SPACE				
MIAMI FL 33131 MIAMI FL 33131					3.	3. Date Incorporated or Qualifed				
						01/07/1994			,	
2. Principal Pl	lace of Business	2a. Mailing Address		<u> </u>	4.	FEI Number			Apr	lied For
21 5601	NW 15 Ave	26 5601 NW	15	AVE	2	65-0476973		<i>-</i>	- Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status	Desired		\$8.75 A	-
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24 3333	09 [25] COGINITY	29 33309 30	¬ ´		1	Personal Property 1		on year nite		□No
24 0	9. Name and Address of Current		-			Name and Addres		egistered /	Agent	
			81	Name	_					}
	WN, WILLIAM J		82	Street	Address (P.	O. Box Number is N	Not Accepta	ble)	-	
777 BRICKELL AVE				J					·	
	E 1114		83							1
AAIM	AI FL 33131		84	City					85 Zip C	ode
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office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	orized by	the corpo	corporation oration's boa	submits this statem ard of directors. I he	ent for the ereby, accep	purpose or t.the appoir	changing its i	istered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes							. [
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE Re	cistered Ager	nt signature re	equired when re	instating)	 	DATE		}
12.	. OFFICERS AN		13.			DDITIONS/CHANG	ES TO OF	FICERS AN	D DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is to earl accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered. changed, or on an attachment w

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR